

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number _____

Date Received _____

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: C.W. Myers

(Corporation, Individual, Public Agency, or Other Entry)

Street Address: 2718 N. Liberty St.

County: Forsyth

City: Winston-Salem State: NC Zip Code: 27105

Tele. No. (Area Code): 919 725-2323

II. LOCATION OF TANK(S)

Facility Name or Company: Old Service Sta

Facility ID # (if available): 0-015-403

Street Address or State Road: 3111 Carver Sch Rd

County: Forsyth City: Winston-Salem Zip Code: 27105

Tele. No. (Area Code): _____

III. CONTACT PERSON

Name: Roy E. Joyner Sr. Job Title: President Telephone Number: (919) 767-2518

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications, 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Joyner Wrecking & Shading Inc.

Address: 4140 N. Patterson Ave State: NC

Zip Code: 27105

Contact: Winston-Salem Roy E. Joyner Sr.

Phone: 767-2518

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
	<u>3000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<u>2000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

RECEIVED
N.C. Dept. NRCD

MAR 04 1991

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Roy E. Joyner, Sr. President Regional Office

*Scheduled Removal Date: 4/3/91

Signature: Paul H. Dornier (Attorney in Fact for Roy E. Joyner Sr.)

Date Submitted: 3/3/91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.

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State Use Only Dept. of ENR
I. D. Number
Date Received DEC 18 1999

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: C. W. Myers
(Corporation, Individual, Public Agency, or Other Entity)
Street Address: 2718 N. Liberty St
County: Forsyth
City: Winston-Salem State: NC Zip Code: 27105
Tele. No. (Area Code): 919 725-2393

II. LOCATION OF TANK(S)

Facility Name or Company: Old Service Sta
Facility ID # (if available): 0-015-403
Street Address or State Road: 3111 Carver Sch Rd
County: Forsyth City: Winston-Salem Zip Code: 27105
Tele. No. (Area Code):

III. CONTACT PERSON

Name: Roy E. Joyner Sr. Job Title: President Telephone Number: 919 767-2518

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

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7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Jayner Wrecking & Shading Inc.
Address: 4140 N. Patterson Ave State: NC Zip Code: 27105
Contact: Winston-Salem
Roy E. Joyner Sr. Phone: 767-2518

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Storage
	<u>3000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<u>2000</u>	<u>Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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MAR 04 1991

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title: Roy E. Joyner Sr. President Regional Office
Signature: Roy E. Joyner Sr. *Scheduled Removal Date: 4/3/91
Date Submitted: 3/3/91

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.